

<b>Case Number:</b>	CM14-0139742		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed Chiropractic and is licensed to practice in Alabama and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year-old male with a recorded 6-10-08 date of injury. No details of injury were submitted in file for review. The most recent progress report submitted is dated 6-16-14. The record describes the patient as status post left shoulder arthroscopy on 4-17-13 with report of shoulder pain subsiding but with neck pain flared. Examination findings include: left shoulder ranges of motion full; cervical ranges of motion 50% of expected; grip 100 right, 110 left; tenderness to palpation and swelling at biceps tendon; no motor deficits in upper limbs. Assessment includes: cervical disc disease; cervical radicular symptoms; left shoulder arthropathy; chronic left shoulder pain. A prior 6-27-14 review refers to a 3-19-14 report which indicates the patient has been provided chiropractic treatment in the past with lasting relief. Treatment plan/request is or 8 chiropractic treatments for flare-up of cervical pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chiropractic visits for cervical pain and left shoulder QTY:8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

**Decision rationale:** The ODG recommends a trial of 6 visits with manipulation and ongoing treatment of this nature dependent on evidence of objective functional improvement. The request for 8 visits for flare up of cervical pain is not supported with the application of evidence based guidelines. The injured worker completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.